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Mohawk-Brighton Social Unit Organization

Report of nursing service for 1918, Cincinnati...

Cincinnati

1919

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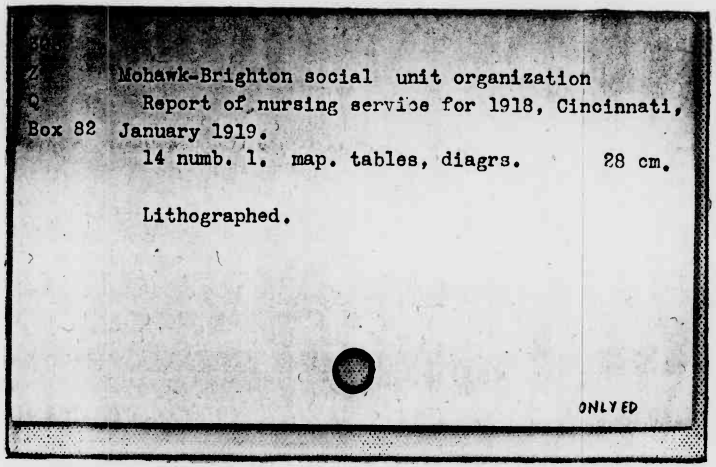
Mohawk-Brighton social unit organization
Report of nursing service for 1918, Cincinnati,
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MOHAWK-BRIGHTON

SOCIAL UNIT ORGANIZATION

REPORT OF

NURSING SERVICE FOR 1918

Cincinnati, Ohio
January, 1919

3 June 1920 Ind

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*Resigned October 15, 1918.
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FOREWORD

The following report on the work done by the Nursing Council of the Mohawk-Brighton Social Unit Organization in a section of Cincinnati, Ohio, during the year 1918, was prepared by the executive of the council, Miss Abbie Roberts, for the national and city groups of public health nurses who are acting in an advisory capacity to the group in the district which is conducting the experiment.

The report depicts how one occupational group of a neighborhood organization may function under the plan of community administration designed by the National Social Unit Organization. The nursing work should be considered always in relation to the community organization, of which it is but one part. Under this scheme a district of fifteen thousand people has been divided geographically into thirty-one small population units (about 500 people in each), and each unit or "block" is represented through an elected "block worker," on a central "Citizens Council." This council which makes it possible to get a continuous reaction from the neighborhood as to the needs, desires, and attitudes of mind of the people, also makes it possible to reach practically 100 per cent of the population within a few hours with information in regard to any service. Without the block workers it would have been impossible for the nurses to have made so complete a survey of the district, to have located immediately the babies, pre-school children, tuberculosis cases, etc., for whom services were designed, nor could the first approach have been made in so easy and natural a way. The block workers have not only reported neighborhood needs to the nurses, but have been educational mediums between the nurses and the people whom they represent.

On the occupational side, the nurses form only one group of an occupational council composed of business men, ministers, social workers, labor representatives, teachers, recreational experts, and physicians. They have therefore had behind them from the first a solid body of expert opinion in fields other than their own.

During the first year of the work of the Social Unit, experimentation has been largely confined to public health. For this reason, the report of the Nursing Council gives a fairly comprehensive picture of the results obtained thus far under this scheme of organization.

This report does not attempt to do more than give a very general survey of the year's work. Reports dealing with the findings of the various services will be issued later, as separate bulletins, by the Nursing and Statistical Councils.

THE MOHAWK-BRIGHTON SOCIAL UNIT ORGANIZATION

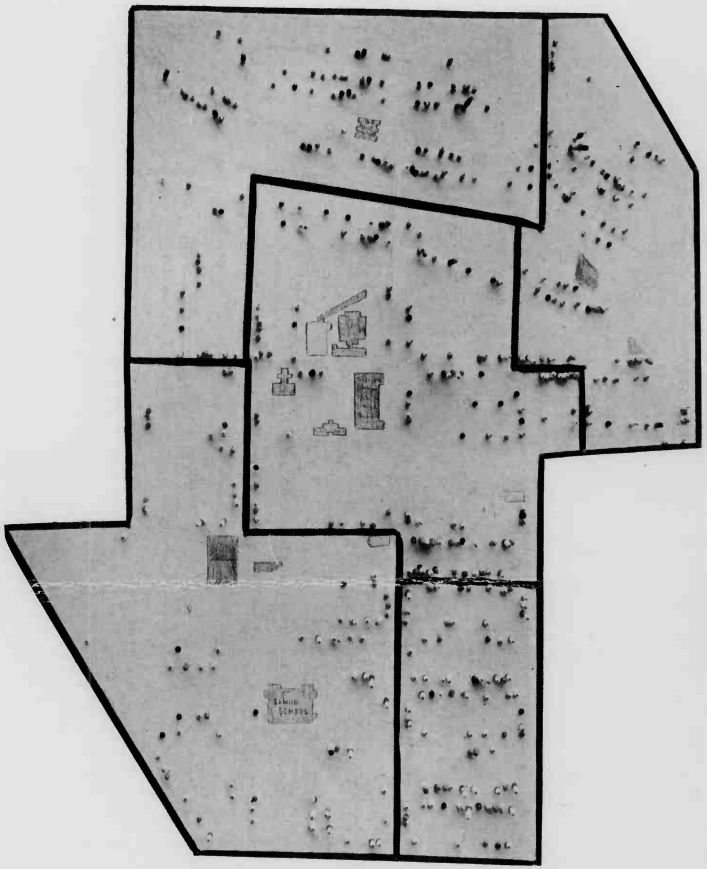
REPORT OF PUBLIC HEALTH NURSING SERVICE FOR 1918

In laying plans for the year's work, the Nursing Council of the Mohawk-Brighton Social Unit Organization had as its ideal the development of each nursing service on a 100 per cent basis- that is, reaching every man, woman and child who might be in need of the service established. We have attempted to bring every baby under nursing supervision, not just an occasional baby here and there, to have information about and render service to every expectant mother and every pre-school child, every case of tuberculosis, every sick person. The report which follows will show just how successful we have been in our endeavor.

It was no part of our original purpose to conduct an experiment in generalized nursing. Our experiment began with a baby service, and when we came to add other services such as prenatal, pre-school, etc., we found so many instances in which our new patients were in families where bebies were already under care, that specialization was impracticable because of the many instances in which more than one nurse would have had to visit a given home. Indeed, as our services have developed, anything but a system of general nursing would have been absolutely out of the question. This is apparent when it is considered that in the month of August, as is shown by the picture of the spot map which follows, there would have been,

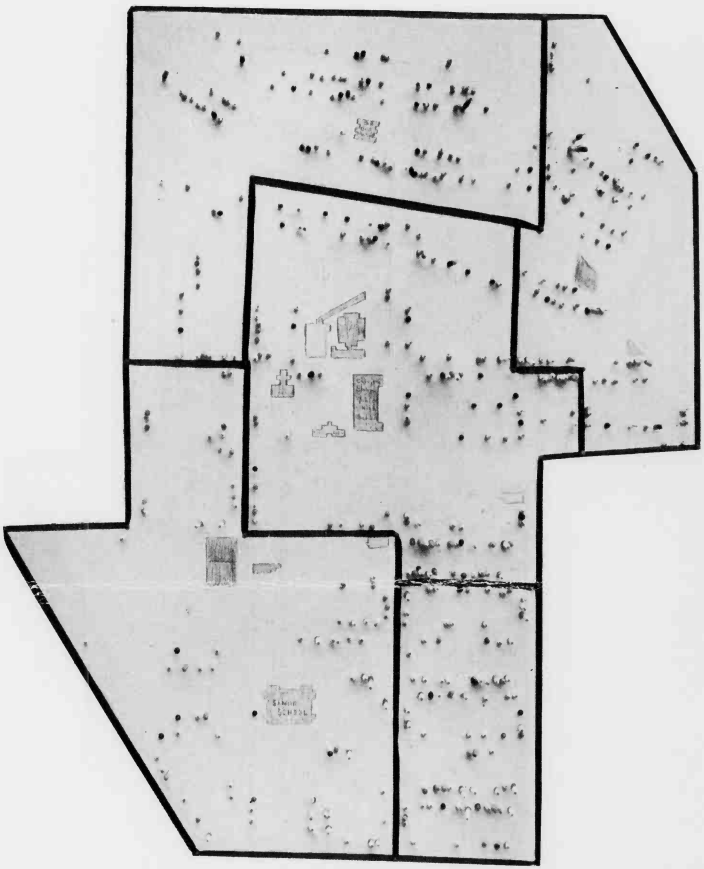
112 instances where 2 nurses would have visited the same house
45 instances where 3 " " " " " "
house
10 instances where 4 " " " " " "
house
5 instances where 5 " " " " " "

Since circumstances forced us to adopt a plan of generalized nursing, we believe we have demonstrated by the result of the first year's work its complete practicability. The difficulties in establishing the system have been few and easily overcome. Therefore, I believe the test of our first year's nursing work is, first, to determine in how far we have been successful in developing various phases of public health nursing to a 100 per cent basis in view of the time they have been in operation; second, whether our plan of generalized nursing has been successful.



This map in the original shows very clearly the economy of effort effected through the system of generalized nursing in use by the Social Unit Nursing Staff. Beads of different colors are used to represent the prenatal, maternity, baby, pre-school, tuberculosis, and general nursing services. The map, which represents the nursing record for August, 1918, shows 967 patients under care: 53 prenatal cases; 12 maternity; 383 baby; 340 pre-school; 104 tuberculosis; and 75 general. A few patients were the recipients of more than one service. Some households, it will be observed from the map, had as many as six patients being cared for under six services. Under a specialized system, six nurses would have to visit such homes.

INTENTIONAL SECOND EXPOSURE



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Nursing Districts

The map shows the social unit area divided into nursing districts. Each district contains a population of about 3000 people. The nursing services were established in the following order:

Infant Welfare	Dec. 17, 1918
Prenatal	Feb. 1, 1918
General Bedside Nursing	April 1, 1918
Maternity	April 1, 1918
Pre-School	April 7, 1918
Tuberculosis	May 1, 1918

It will be seen, however, from Statistical Table No. 1, that a few cases in the various services came under care previous to the date set for inaugurating that particular service.

In order to ascertain the distribution of cases according to houses, a study of cases cared for in August was made and the result shown graphically by the spot map accompanying this report.

The difference between the total number of individuals cared for and the total number of patients cared for by services is due to the fact that one patient may have been transferred from one service to another in the course of the month or have been carried on two services at the same time; for example, a prenatal case becomes a maternity case, a baby is transferred to the Pre-School Service, or a prenatal case may also be tubercular. This duplication in patients occurred in 38 instances in August.

Table No. 3 shows the number of patients, classified according to service, cared for by the nurses each month since July 1.

PATIENTS CARED FOR BY SERVICES

FROM DEC.17, 1917, to DEC.31, 1918

Month:	Pre-Natal	Maternity	Infant Welfare	Gen.Nursing	Tuberculosis	Pre-School	Total
Dec.17-31, 1917:	4		28				32
January, 1918	6	1	105				112
February	12	1	146				159
March	19	2	207	6			234
April	23	10	260	9	4	8	314
May	42	2	327	37	42	78	528
June	41	5	347	38	73	238	742
July	50	6	356	58	86	329	885
August	53	12	383	75	104	340	967
September	52	6	397	84	118	320	977
October	49	11	394	351	111	338	1,254
November	43	10	421	356	113	361	1,304
December	45	7	410	340	117	370	1,289

Total number of different patients cared for 2021

Table No. 1

HOME VISITS BY NURSES ACCORDING TO SERVICES

FROM DEC.17, 1917, TO DEC.31, 1918

	Total	Pre-Natal	Maternity	Inf. Welfare	Gen. Nursing	Tuber-culosis	Pre-School	Social Service
Month	14,132	782	478	5,389	4,144	928	1,956	465
Dec.17-30,1917:	32	4		28				
January, 1918:	246	16	7	223				
February	345	28	11	306				
March	460	54	15	337	54			
April	695	59	77	426	103	1	2	27
May	1,093	110	14	572	155	63	110	69
June	1,237	67	51	467	139	109	315	89
July	1,388	84	60	559	155	104	331	95
August	1,613	98	65	785	168	119	282	96
September	1,112	79	45	509	165	143	142	29
October	2,141	89	72	395	1,267	128	190	
November	1,830	50	46	350	979	107	277	21
December	1,940	44	15	432	959	154	307	29

Table No. 2

NURSING REPORT OF PATIENTS CARED FOR BY DISTRICTS AND SERVICES

	July	August	Sept.	Oct.	Nov.	Dec.
Total of all visits	6,674	885	967	976	1,253	1,304	1,289
District A							
Total	1,427	182	191	219	271	279	285
Prenatal	43	7	7	9	6	7	7
Maternity	11	2	1	1	2	3	2
Baby Service	471	75	70	79	81	84	82
Pre-School	517	74	86	92	91	93	81
Tuberculosis	120	13	15	22	21	21	28
General	265	11	12	16	70	71	85
District B							
Total	1,286	186	201	172	247	244	236
Prenatal	51	12	10	5	8	7	9
Maternity	8	2	2		1	2	1
Baby Service	493	77	89	80	79	82	86
Pre-School	419	74	74	58	65	74	74
Tuberculosis	100	15	15	14	18	20	18
General	215	6	11	15	76	59	48
District C							
Total	1,476	214	245	224	257	264	272
Prenatal	65	13	13	13	10	8	8
Maternity	5		2		1	1	1
Baby Service	482	75	87	80	78	79	83
Pre-School	565	99	101	90	92	86	97
Tuberculosis	165	20	29	34	26	26	30
General	194	7	13	7	50	64	53
District D							
Total	1,301	150	190	182	242	274	263
Prenatal	64	7	14	13	13	7	10
Maternity	17		6	1	5	3	2
Baby Service	439	61	67	73	73	91	74
Pre-School	286	37	44	41	43	54	67
Tuberculosis	142	19	26	24	26	26	21
General	353	26	33	30	82	93	89
District E							
Total	1,184	153	140	179	236	243	233
Prenatal	69	11	9	12	12	14	11
Maternity	11	2	1	4	2	1	1
Baby Service	476	68	70	85	83	85	85
Pre-School	270	45	35	38	47	54	51
Tuberculosis	122	19	19	24	20	20	20
General	236	8	6	16	72	69	65

REPORT OF SERVICES

Baby Service

The Health Station was opened just one year ago with an Infant Welfare Service for children under 1 year of age. The establishment of the service had been preceded by:

1. A complete registration of all babies in the district by the block workers. This registration was secured by a house-to-house canvas. This visit made an opportunity for the block worker to explain the service to every mother with a baby and to invite her to visit the station. The baby census has been kept up to date by the registration of all births, all deaths and all babies moving from or into the district.

2. Lectures to the block workers, by the executives of the Medical and Nursing Councils, on infant welfare. These lectures covered the history of the movement, need of medical supervision of babies, character of service, and results which could be obtained. They were given in order that the block workers should be able to talk intelligently about the service to the people in their blocks.

3. Considerable publicity obtained through the social unit bulletin, the churches, the schools, block workers and newspapers.

Visits were made by the nurses to the babies in the district who had been registered, and as new babies were born, they automatically came under nursing care until at the present date, every baby under 2 years in the Mohawk-Brighton District is under nursing supervision. Ninety per cent of the babies, 410, have visited the Health Station and had careful physical examination, and a large per cent of these babies are returning at regular intervals.

Although no great reduction in the infant mortality has been made, physicians report a very noticeable decrease in illness among babies. The nurses feel that the standard of infant care on the part of mothers has been immeasurably raised.

The standard of nursing care for babies adopted by the nursing staff is as follows:

1. Breast-fed babies shall receive at least one home visit each month.
2. Bottle-fed babies shall receive home visits every two weeks, or more frequently if indicated.

During the year, 5,388 visits have been made to a total of 576 babies.

Pre-natal Service

Although the prenatal conferences at the Health Station were not formally inaugurated until April 1, cases began to come under the nurses' care immediately. Block workers now report expectant mothers, and with their assistance, cases are coming under supervision early in pregnancy. This service has grown until in September about 45 per cent of all pregnancies were registered and under care. One conference a week is held at the Health Station. Although an increasing number of cases are coming to the station, the majority of cases are cared for by the nurses under the direction of the family physician. We consider this one of our most important services, as 64 per cent of deaths of children under 1 year are due to prenatal causes, and also because the district has an abnormally high rate of stillbirths.

Standard of Service: Prenatal cases shall be visited every two weeks, or oftener if indicated.

Maternity Service

Up to the present time, it has been possible for the nurse to give only post-partum care to maternity cases. Nursing care has been given to 73 cases out of a total of 221 births. When allowance is made for 18 hospital admissions and for 42 cases delivered by midwives, it is evident that the social unit nurses have given nursing care to 45 per cent of cases delivered at home by private physicians. It has not seemed wise to deal in any definite way with the problem of midwifery. Figures show that this service is tending to die out of itself, and we believe that, as a result of health education in the district, and of making an adequate medical and nursing service available to the mother, we shall see in 1919 an almost complete disappearance of the services of midwives.

Percentage of cases delivered by midwives in recent years:

	1913	1914	1915	1916	1917	1918
Cases delivered by physicians	186	175	147	168	201	179*
" " " midwives	124	111	97	79	62	42

Standard of Service: Daily visits shall be made to maternity cases for ten days and for a longer period of time if required.

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*The registration of births for 1918 is probably not yet complete.

Bedside Nursing

(Other than Influenza Service)

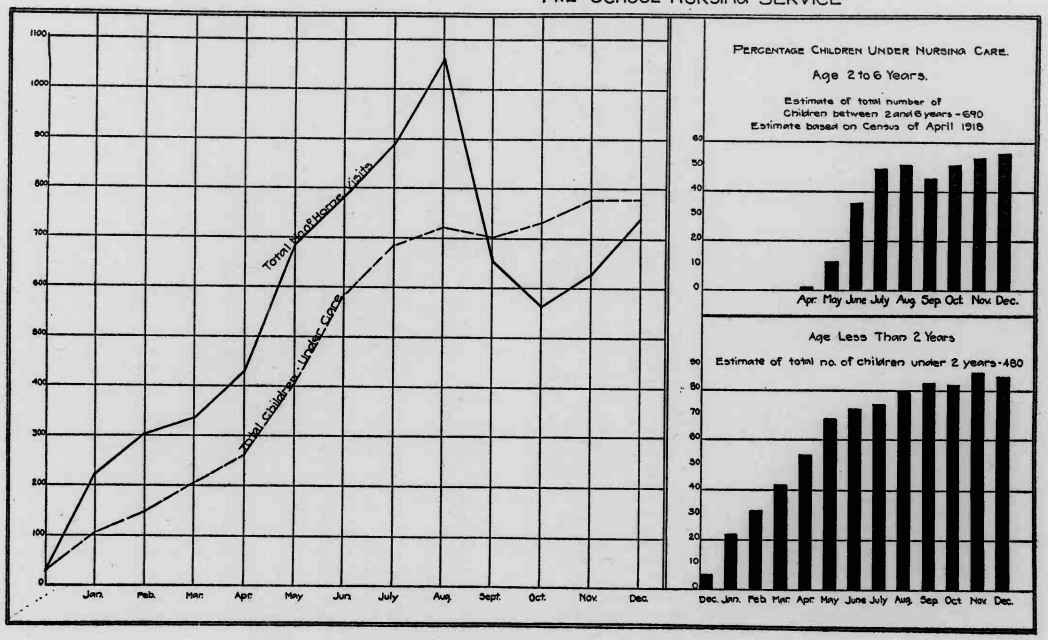
This service began in March, but no steps have been taken to build it up. An announcement was made by letter to the physicians that we were prepared to care for the sick and all cases reported have been given care. No special effort was made to seek out sick people on account of our inability to handle at once a large service without an increase in staff, in view of the rapid development of the Baby and Pre-School Services. In spite of this fact, the service grew steadily, until in September, 84 patients were under care. We know, from a study of the mortality of the district, that this is but a small per cent of the sick of the district. It is, however, quite an increase over the average number of cases formerly carried in the district by the Visiting Nurse Association. It means, in fact, that the people in the Social Unit District are receiving a total of about five times as much bedside nursing as is rendered the city as a whole. We hope to extend this service greatly during 1919.

Pre-School Service

The Infant Welfare Service was extended to include all children under school age with the opening of the Children's Year on April 8. A great deal of interest was created in the district by a children's parade, window cards, pictures, and a large mass meeting at one of the schools, which was attended by over five hundred parents. Here again, a complete registration of children under six years was secured through the block workers before the service began. Daily conferences were held from April until the middle of July; 1075 children out of a total of approximately 1200 have had complete physical examinations; 446 children were found to have defects so serious as to require supervision by the nurses; 367 of these children are still under care. This service has been made permanent, and an attempt is made to get all new children moving into the district examined.

Our Child Welfare Service now includes all children under school age. Up to July 1, 994 children had had complete physical examinations. As a result of a careful study of this group, some very interesting information about children of pre-school age has been obtained. It appears 471 children, or nearly 50 per cent of the children, are under weight, and 236, or about 25 per cent, are under height. This, together with the fact that 640 serious defects were found in children between 2 and 6 years of age, gives some indication of the need of care for this group of heretofore neglected children.

PRE-SCHOOL NURSING SERVICE



Tuberculosis Service

Our nursing program and budget for 1918 did not include tuberculosis nursing. The Anti-Tuberculosis League, however, because of its desire to see tuberculosis made a part of a generalized system of public health nursing, offered to meet the expense of the service if we would include the service immediately. This was done on May 1, the League turning over to the Social Unit 29 cases then on their books, representing the growth of the service over a period of ten years. In October, 115 cases were under care, representing an increase in nursing service of 400 per cent. Only a few new cases were added from October to December because of the influenza epidemic.

Our relationship to the League is a very intimate one. Reports are made weekly; a carbon copy of the nurse's report on home visits is mailed to the League for all cases, those of private physicians as well as dispensary cases, and the social unit nurses attend the Tuberculosis Clinic twice a week. This gives an opportunity for the nurse to get her patients into the Dispensary on her day, and also for her to have frequent conferences with the dispensary physicians.

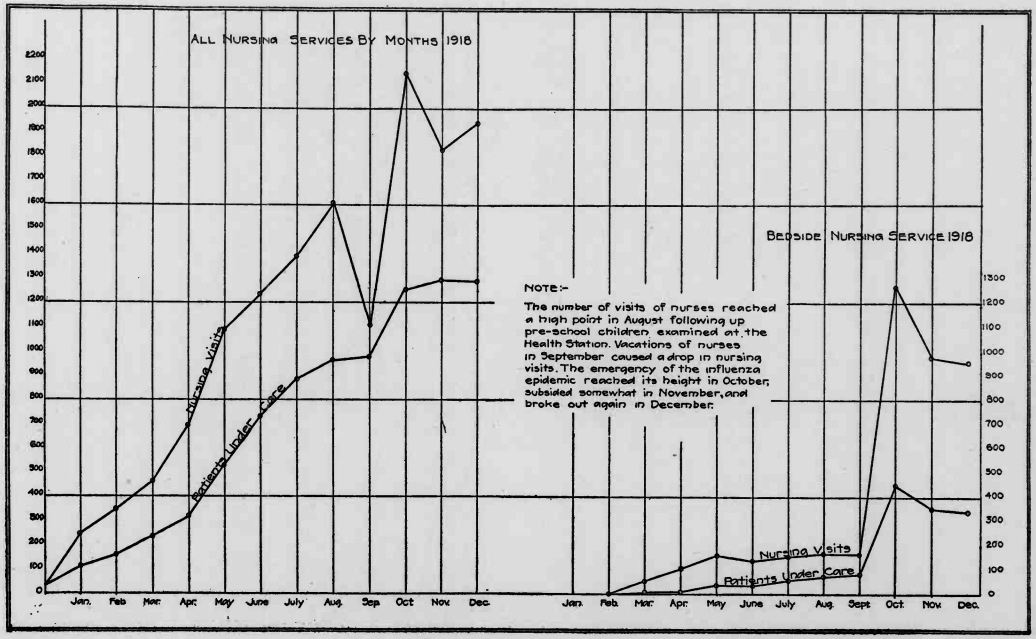
The most important thing this service has accomplished is the securing of the co-operation of private physicians to an extent never obtained in the past, and the locating of many incipient cases undiagnosed and not under care.

An intensive study of tuberculosis in the district has been made. All deaths and all positive cases reported to the Board of Health since 1915 have been tabulated, and lists prepared for the block workers. They have ascertained whether or not the family still lives at the address given. If so, the case has been given to the nurse with the instruction that she make the acquaintance of the family at an early date in order to learn present conditions and possibly locate contact cases.

Standard of Service: Tuberculosis cases shall be visited at least once a month. Ambulatory cases are visited on an average of every two weeks; bed-ridden cases two or three times a week, or daily, if necessary.

Influenza Service

With the reopening of school in September, it was proposed to take over the School Nursing Service. Plans to do so were under way when the influenza epidemic broke the first week in October. All regular services were discontinued, and all our efforts thrown into meeting the tremendous demands which were made upon us. The Unit Nursing Staff cared for cases outside of its district when called upon to do so by the Visiting Nurse Association. Practical nurses and household helpers were used. Statistical reports follow.


ALL NURSING SERVICES BY MONTHS 1918
2200
2100
2000
1900
1800
1700
1600
1500
1400
1300
1200
1100
1000
900
800
700
600
500
400
300
200
100
0
Nursing Visits
Patients Under Care
Jan. Feb Mar. Apr. May June July Aug. Sep Oct Nov. Dec.
BEDSIDE NURSING SERVICE 1918
NOTE:-
The number of visits of nurses reached a high point in August following up pre-school children examined at the Health Station. Vacations of nurses in September caused a drop in nursing visits. The emergency of the influenza epidemic reached its height in October; subsided somewhat in November, and broke out again in December.
1300
1200
1100
1000
900
800
700
600
500
400
300
200
100
0
Nursing Visits
Patients Under Care
Jan. Feb. Mar. Apr. May June July Aug. Sept Oct. Nov. Dec.

Influenza Cared for by Social Unit Nurses

	In District	Out of District
October	424	97
November	159	17
December	173	25
	756	139

Total---------895

Nurses' Visits to Influenza Patients

	In District	Out of District
October and November	2234	307
December	771	45
	3005	352

Total--------3357

Helpers	In District	Out of District
October	76	20
November and December	204	80
	280	100

Total helpers' visits --380

Up to December 10, this service occupied practically all of the nurses' time. We have reason to believe, from a study of all cases reported to the Board of Health, that the percentage of cases per population was as great, if not greater, in the Mohawk-Brighton District than in the city as a whole. However, we were able to give the residents of this district about six times as much nursing service. We believe that this fact accounts for a lower death rate in the Social Unit District, especially because of the fact that cases were reported to us soon after the onset of the disease.

Mortality from influenza and pneumonia per 1000 population:

Cincinnati	4.03
Mohawk-Brighton	2.83

Educational Work

Weekly staff conferences have been held, and an attempt has been made to standardize nursing technique and procedure in the homes. Classes for mothers in child care were organized in the summer, discontinued on account of the extreme heat, taken up again in September, and again discontinued on account of the epidemic. These classes were held in the schools. The kindergartners assisted by caring for the children while the mothers were in class and helping with the social hour which followed. This gave the kindergarten teacher an opportunity to become acquainted with her little pupils while they were still babies.

Conclusion

The statistical report shows that 2021 cases have come under the care of social unit nurses through the various services, or about 1 in every 7 of the total population. These patients have not included school children; when school nursing is made a part of our program, about 1500 children will automatically come under care, with the result that we shall have rendered some service to 1 in every 5 of the population. We believe that this is particularly significant because these contacts have been made on the basis of preventive health service, always a difficult subject about which to arouse much enthusiasm.

The two main arguments advanced against generalized nursing are: first, that because of the urgency of bedside nursing for those acutely ill, the preventive work will suffer, that is, the feeding cases, the chronic tuberculosis, etc., will be crowded out by the care of sick people; second, that generalized nursing requires such varied knowledge on the part of the nurse that she will not be able to do all types of work equally well. I should like to apply these two tests to the social unit nursing experiment.

Our figures show that bedside nursing has not taken precedence over preventive service. This may be due to the fact that we began with preventive care, and for that reason both the people and the nurses have a proper appreciation of its importance. The figures also show that there has been a gradual development of all services. No one service has developed at the expense of another. The chief reason for this is because one service has served to develop another, the family and not a case being the unit, and a visit to the home serves for all members requiring care or supervision. Again and again a home visit in the interest of one service has lead to the discovery of cases which were admitted to other services. Under a system of specialized nursing, the new cases would have been referred to other agencies, with the result that the responsibility for the care of the family would have been divided between two or more nurses.

It is, of course, difficult to prove that the social unit nurses have been able to do equally good work in all services. However, in order that they might have experience in the special branches of public health nursing, they were assigned for varying periods to the different public health nursing agencies. There is every indication that they are rendering satisfactory service of all kinds. The nurses report that generalized nursing is somewhat more difficult than specialization because of the special knowledge required along several lines, and because of the greater responsibility that they feel for the health and well-being of the entire family group. However, without exception, they are agreed that general work is infinitely more interesting; they are glad of the broadened outlook and interests which are now theirs, and they feel that by equipping themselves for the more difficult task of generalized nursing, they have become better public health nurses along all special branches.

We feel that during the first year of our experiment we have been able to lay a good foundation, and that in the coming year, we have an opportunity to work out ideal methods of administration of a generalized system of public health nursing.

Abbie Roberts
Executive, Nursing Council
Mohawk-Brighton Social Unit Organization

REPORT OF ATTENDANCE AT HEALTH STATION FOR THE YEAR 1918

Month	Total visits to the station			Pre-Natal			Inf. Welfare			Pre-School			Internal Med.		
	Total	New	Ret	Total	New	Ret	Total	New	Ret	Total	New	Ret	Total	New	Ret
Total attendance for year	1,655	1,126	529	24	16	8	899	410	489	696	665	31	36	35	1
Dec. 1917	19	17	2				19	17	2						
Jan. 1918	68	47	21				68	47	21						
Feb. "	97	43	54				97	43	54						
March "	95	34	61				95	34	61						
April "	159	98	61	3	3	-	91	30	61	65	65				
May "	517	451	66	-	-	-	168	103	65	349	348	1			
June "	276	230	46	1	1	-	118	72	46	157	157				
July "	142	91	51	-	-	-	69	22	47	73	69	4			
August"	65	27	38	4	3	1	44	14	30	17	10	7			
Sept. "	66	15	51	5	4	1	50	9	41	11	2	9			
Oct. "	51	9	42	3	3	-	46	6	40	2	0	2			
Nov. "	45	19	26	6	1	5	21	4	17	6	2	4	12	12	
Dec. "	55	45	10	2	1	1	13	9	4	16	12	4	24	23	1

END OF
TITLE